



The following is the criteria list and category description that each facility was sent and subsequently responded to. Each facility's Chief Executive Officer (CEO) as well as the physician in charge of the Emergency Department signed off as to their facility's capability for each category. In addition, all of the facilities listed have confirmed that, as a minimum, they have the following coverage "24 hours a day, 7 days a week, 365 days a year":

- On duty physician in the Emergency Department
- General laboratory capabilities
- General X-ray capabilities

The most current Hospital Capability Chart can be found on the MDFR Intranet in the EMS Portal section as well as in the "Tool Box" section of the ePCR Tablet.

Following are listed by major classification (in bold) followed by a description and then any sub-categories (underlined) with their description(s).

## **ADULT MEDICAL**

Patients 18 years and older classified under the following:

### **CATEGORIES:**

Critical- Life threatening emergencies that require immediate intervention including but not limited to;

1. Airway obstruction.
2. Respiratory insufficiency or arrest.
3. Decreased cardiac output, cardiac arrest, or shock.
4. Acute changes in level of consciousness not related to trauma.

Non Critical- Any other illness/injury that requires transportation to a medical facility for evaluation.

**ADULT TRAUMA**

Patients 16 years and older classified under the following:

**CATEGORIES:**

Trauma Criteria- All patients meeting Trauma Transport Protocol (TTP) criteria as defined by FS 395.4045. ***Ryder Trauma Center at Jackson Memorial Hospital, Kendall Regional Medical Center, Aventura Hospital, and Memorial Regional Hospital are the only approved receiving facilities.***

Non Trauma Criteria- All patients injured that are not covered by the TTP.

**PEDIATRIC MEDICAL**

Patients less than 18 years of age classified under the following:

**CATEGORIES:**

Critical- Life threatening emergencies that require immediate intervention including but not limited to:

1. Airway obstruction.
2. Respiratory insufficiency or arrest.
3. Decreased cardiac output, cardiac arrest, or shock.
4. Acute changes in level of consciousness not related to trauma.

Non Critical- Any other illness/injury that requires transportation to a medical facility for evaluation and not covered by TTP.

**PEDIATRIC TRAUMA**

Patients less than **16 years of age** classified under the following:

**CATEGORIES:**

Trauma Criteria- All patients meeting Trauma Transport Protocol (TTP) criteria as defined by FS 401.64. ***The Ryder Trauma Center at Jackson Memorial Hospital, Nicklaus Children's Hospital and Memorial Regional / Joe DiMaggio Children's Hospital are the only approved receiving facilities.***

Non Trauma Criteria- All patients injured that are not covered by the TTP.

**OBSTETRICS**

Patients with greater than twenty (20) weeks gestation. Facility that can provide coverage 24 hours a day, 7 days a week, and 365 days a year.

**CATEGORIES:**

General OB- All emergencies involving the OB patient that are not identified in other areas (Trauma criteria, High risk, etc.). To include;

1. Active labor as defined as "crowning and/or contractions less than two (2) minutes apart for the first pregnancy or less than five (5) minutes apart for second or greater pregnancies."
2. Any delivery prior to arrival at Emergency the Department.
3. Any patient experiencing complications of pregnancy.
4. Any illness/injury involving an obstetrical patient that does not meet the Trauma criteria.

High Risk- Patients less than 16, no prenatal care, addicted mothers, or history of premature births. Facility that can provide coverage 24 hours a day, 7 days a week, and 365 days a year.

**GYNECOLOGICAL EMERGENCIES**

Any GI/GU emergencies including pregnant patients twenty (20) weeks gestation and less. Facility that can provide coverage 24 hours a day, 7 days a week, and 365 days a year.

**HYPERBARIC CHAMBER****CATEGORIES/DESCRIPTIONS:**Multi-Lock / Multi-Place

1. More than one pressure chamber that allows material or personnel to enter and exit while still under pressure.
2. Capable of having both the patient and an attendant at pressure in the same chamber.
3. Capable of pressurizing to six atmospheres.

Mono-lock / Mono-Place

Single chamber rated at 3 atmospheres or less.

**CHEMICAL EXPOSURE TREATMENT FACILITY**

A facility that has the capability to manage a patient with an injury/illness accompanied by chemical contamination or actual or suspected injury/illness due to chemical exposure. The facility will have the following as defined as a minimum level of competency:

1. Decontamination area with:
  - a) Separate ventilation system.
  - b) Restricted access.
  - c) Runoff containment
2. Hospital personnel trained in hazardous materials injury/illness management.
3. Personal protective equipment for hospital personnel who may treat contaminated patients.

**RADIOLOGICAL FACILITY**

A facility that has the capability to manage a patient with injuries/illness accompanied by radiological contamination or actual or suspected injury/illness due to radiological exposure. The facility will have the following as defined as a minimum level of competency:

1. Decontamination area with:
  - a) Separate ventilation system.
  - b) Restricted access.
  - c) Runoff containment
2. Hospital personnel trained in radiological contamination injury/illness management.
3. Personal protective equipment for hospital personnel who may treat contaminated patients.

**SPECIFIC ANTIDOTE CAPABILITY**

An Emergency Department having the following antidotes available within their facility 24 hours a day, seven days a week.

1. Cyanide (CN) kit:
  - CyanoKit (Hydroxocobalamin)
  - Sodium Thiosulfate

2. Hydrogen Sulfide (H<sub>2</sub>S):

Amyl nitrite

Sodium nitrite

3. Organophosphate:

Atropine (multi-dose)

Pralidoxime (2-PAM)

4. Nitrates/Nitrites:

Methylene Blue

### **SPECIFIC ANTIVENINS**

An Emergency Department having available in-house or able to show proof of an inter-agency agreement to obtain the antivenins 24 hours a day.

1. Minimum of ten vials of Crotalidae polyvalent for rattlesnakes, water moccasins, and copperheads.
2. Minimum of six vials of antivenin *Micrurus fulvius* for coral snakes.

### **PSYCHIATRIC**

A facility having the capability to evaluate and admit known or suspected psychiatric patients. This categorization does not include medical clearance capabilities.

### **HELIPAD**

A facility having an FAA approved, dedicated helicopter landing area. This area must be available 24 hours a day, 7 days a week, and 365 days a year.

**STROKE ALERT****Primary Stroke Center**

A Primary Stroke Center (PSC) will receive only those Stroke Alert (SA) patients whose onset of signs and symptoms are confirmed to be less than 3.5 hours. A PSC must provide the following services 24/7, 365 days a year:

**RESPONSIBILITIES OF THE PSC:**

1. Emergency Department (ED) patient arrival to Medical Doctor (MD) examination in less than 10 minutes
2. Neurologist with expertise in Acute Stroke available 24/7/365 and within 15 minutes of ED physician request.
3. ED patient arrival to Computerized Axial Tomography (CAT) Scan in less than 25 minutes
4. ED patient arrival to CAT Scan results in less than 45 minutes
5. ED patient arrival to Tissue Plasminogen Activator (t-PA) administration in less than 60 minutes
6. PSC shall provide and maintain an Intensive Care Unit (ICU)
7. A written transfer agreement with FOAMD member Fire Departments that includes procedures and the hospitals willingness to transfer patients to another hospital for Comprehensive Stroke Center (CSC) procedures such as but not limited to; Neuro-endovascular or vascular neurosurgical interventions, if these procedures are not available at the receiving hospital, any hospital calling for a Transfer will do so by calling 911, each jurisdiction will dispatch the closest and most appropriate unit for the transfer.
8. The PSC shall provide access to ALL patient medical records along with all facility records within seven (7) calendar days of request by the *FOAMD EMS Stroke Coordinator* or Designee.
9. All Language contained in Florida Administrative Code 59A-3.2085 Department and Services (15) Stroke. (a) Primary Stroke Centers.

**Comprehensive Stroke Center:**

A Comprehensive Stroke Center (CSC) will receive those Stroke Alert (SA) patients whose onset of signs and symptoms are confirmed to be less than 3.5 hours; furthermore, A CSC will also receive patients displaying signs and symptoms of an Acute Stroke with confirmed onset of greater than 3.5 hours 24/7, 365 days a year.

ALL RESPONSIBILITIES AND PERFORMANCE MEASURES OF THE PRIMARY STROKE CENTER (PSC) SHALL ALSO APPLY TO THE CSC. In addition the following services must also be provided by the CSC.

1. Neuro Surgeon available within 60 minutes when an intracranial hemorrhage is identified.
2. Cryoprecipitate of Fresh Frozen Plasma immediately available.
3. All Language contained in Florida Statute 59A-3.2085 Department and Services (15) Stroke.
  - a. Primary Stroke Centers.
  - b. Comprehensive Stroke Centers.



*Unless otherwise directed by Medical Control, patients exhibiting signs or symptoms suggestive of an Acute Stroke will be transported to a facility that provides either Primary or Comprehensive Stroke Care.*

**ST ELEVATION MYOCARDIAL INFARCTION (STEMI) CARDIAC CENTER**

Emergency Department that can provide the following coverage 24 hours a day, 7 days a week, 365 days a year.

1. State of Florida Certification as Cardiac Intervention Cath-lab.
2. Startup time for cath-lab  $\leq$  30 minutes.
3. Must perform 200 interventional cardiac cath procedures annually per the AHA guidelines.
4. Cath-lab Protocol submitted to Miami-Dade Fire Rescue Medical Director prior to approval as "STEMI Cardiac Center".
5. Will supply completed cath-lab reports on all patients transported via Fire Rescue to Miami-Dade Fire Rescue's EMS Division (STEMI Network Offices). In addition, the Miami-Dade STEMI "Network Quality Performance Form" will be completed and faxed as described on the attached document, within one business day of patient arrival. The network QA form will include, but is not limited to:
  - a) ED Arrival time
  - b) ED Exit time
  - c) Arrival at Cath Lab time
  - d) Femoral Access time
  - e) Crossed Lesion or Balloon Inflation time
6. Facility will have in place a "pre-hospital/ED thrombolytic" protocol for any instance when a STEMI Patient be delayed in receiving the procedure.
7. Maximum acceptable ED delay will be  $\leq$  15 minutes.
8. 100% of all STEMI Patients that do not receive Pre-Hospital or ED Thrombolytic orders because of delay will have "arrival at facility to puncture" times  $\leq$  60 minutes.
9. Submit to MDFR Medical Director a complete QA program overview for the Cath-lab facility.
10. Provide for pick-up by STEMI Network Officers, cath procedure films or DVD's to be used as a learning tool for Fire Rescue Personnel.